

Biological  
& Medical  
Serials

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AMERICAN COLLEGE  
*of* SURGEONS

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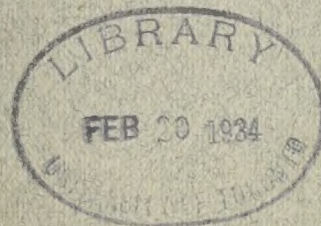
HOSPITAL STANDARDIZATION SERIES

GENERAL HOSPITALS OF 100 OR MORE BEDS

REPORT FOR 1920

AMERICAN COLLEGE OF SURGEONS  
40 EAST ERIE STREET, CHICAGO

STORAGE







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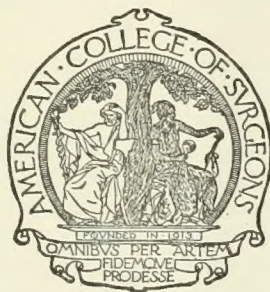
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HOSPITAL STANDARDIZATION SERIES

GENERAL HOSPITALS OF 100 OR MORE BEDS

REPORT FOR 1920

BY  
JOHN G. BOWMAN  
*Director of the College*



AMERICAN COLLEGE OF SURGEONS  
40 EAST ERIE STREET, CHICAGO



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## HOSPITAL STANDARDIZATION

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THE following pages are a report for 1920 of the program of hospital standardization undertaken in 1913 throughout the United States and Canada by the American College of Surgeons. During these years the program has come to be a practical answer to the question as to how the people of these countries may protect for themselves the right to be well. The initiative in the work springs from the medical profession. Through definite and regular analyses of the care given to patients in hospitals the profession has brought about a swift reconstruction of its own responsibility, socially and scientifically, to the public; and the public has responded in turn with new interest in hospitals, with increased confidence in the physicians and surgeons engaged in the work, and with additional financial support toward all that these physicians and surgeons desire.

Hospital standardization aims to create conditions in the practice of medicine out of which every patient, however humble, may receive the highest service known to the profession. Through conscientious and fearless study of what happens to patients from month to month, it aims to do away with lax or lazy diagnoses and treatments, with unnecessary surgical operations, and with operations performed by unskilled surgeons. It aims to prevent avoidable mistakes from happening a second time; to create and to protect the right to be well for every man, woman, and child.

In order to give the program a definite and tangible beginning, the College, which is an association of 5,000 surgeons, proposed to the hospitals and to the medical profession, in

1917, a minimum standard of service to patients. It then employed visitors, or "inspectors," to present this standard to the hospitals and doctors, and to explain what the standard is and what it means. The College did not assume authority to enforce the standard. At all times the College depends upon the sheer merit and soundness of its proposals in order to win and to hold the co-operation of those concerned in the work.

The minimum standard, given in the following pages, is not a formula nor a set of rules like recipes in a cook book. It is in effect the statement of a principle. The principle is that those concerned in the care of the sick or injured shall bring their experience under regular review, and utilize their increased intelligence gained in this way for the better care of the sick or injured in the future.

The principle of hospital standardization means, then, that progress is forever a process of change. For example, the intelligent treatment of diphtheria today is quite a different treatment from what it was a generation ago. Right treatment of any illness is not a matter which can be settled once and for all time; rather it is a matter which is subject always to change and betterment. Always as a basis of progress the medical profession seeks to clarify what is obscure in its work, to trace consequences to their causes, to persist with sympathy and clear thought in order to find, if possible, the reason for each failure and then to take such action as seems best suited to prevent each failure from occurring again. When the members of a hospital staff, in dead earnest, work together in this way, they not only guarantee competent service to all patients in their hospital,



but they put themselves into strong position to ask for the confidence, good will, and financial support of the public for the hospital. Further, such a program is lasting inspiration to the staff members, for it encourages personal initiative, freedom, and foresight.

If now physicians and surgeons are to review in a satisfactory manner their successes and failures in practice, they must have the facts upon which the successes and failures rest. Such facts are usually to be found in the "case record" of the various patients. It follows, then, that an adequate writing of case records is a fundamental necessity to the progress of the hospital. In fact, a hospital staff which does not with exacting care write its case records cannot review its own work; and if a staff does not review its own work and utilize the increased intelligence to be gained in this way, it can not ask upon a rational basis for the good will of its patients nor of its community.

There are other sound reasons for the writing of case records beside their value for purposes of review, but we need not here discuss them. It is enough to say that an adequate case record system is included within the minimum standard as an imperative factor in good hospital service.

Again, adequate laboratory service is included in the minimum standard. This requirement needs no explanation. It is today unthinkable that a hospital through its staff should attempt to study and treat illness or injuries without the facilities of a clinical laboratory.

Again, as fundamental to good hospital service it is assumed that men privileged to practice in each hospital are scientifically trained and high-minded. The evil of the division of fees became some years ago so prevalent that the College included a restriction against this practice in the minimum standard. Some explanation of what the practice is, appears later in these pages.

To summarize, the minimum standard is a statement of a practicable, workable, and constructive plan for hospital betterment. It is a standard that safeguards the care of every patient admitted to the hospital by

insistence upon competence on the part of the doctor, upon thorough study and diagnosis in writing for each case, upon efficient laboratory work, and upon a checking up, at least once each month, of the clinical service rendered in the hospital. It fixes responsibility throughout the hospital. It calls for the "production sheets" of the hospital, but does not cause in any way violation of the confidential relationship between the doctor and his patient. It encourages and even compels research. It costs effort rather than money. It defines the minimum service to the patient, which, beyond all debate, is essential.

The plan of hospital standardization, as has already been stated, is the working out of a principle and not the application of a set of rules. It is a plan by which physicians and surgeons are able to pledge right service to patients, not upon sentimental ground but upon ground that is altogether defensible and creditable.

#### THE ANALYSIS OF SERVICE

During these days much thought is being given to find the most effective means to review the clinical work of the hospital. The data as indicated on page 9 are found by a number of hospitals to be of stimulating value when presented to the staffs.\* Copies of these data are placed in the hands of each member of the staff; point by point the data are reviewed and the responsibility for the character of the data is shared by each staff member.

In order to compile the data called for on the sheet, it is suggested that a daily review be made of the records of patients discharged. This review will include information under each of the headings of the sheet. When a daily record is kept in this fashion, the summary for the month is merely a matter of arithmetic.

From time to time exhibits are made showing these data comparatively through a series of months. In addition to these data some definite report of the laboratory service of the hospital is helpful. This report should

\*Credit for aid in preparation of this form is due Superintendent Frank E. Chapman, Mt. Sinai Hospital, Cleveland.

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show the extent to which the laboratory is used; and in this connection questions as to the adequacy and competence of the laboratory service should be raised by the staff. The staff should especially recognize good work on the part of the pathologist. All gross material removed at operations should go to the pathologist for report; and the case record of each death in the hospital together with the autopsy record, when available, should be presented as a routine at the next succeeding staff meeting.

#### THE SURVEY OF 1920

During the last three years the College has each year made surveys of the 697 general hospitals of 100 or more beds in the United States and Canada, measuring the extent to which these hospitals fulfill the minimum standard. The list of hospitals in this group which on inspection in 1920 fulfilled the minimum standard or which after inspection reported that they fulfilled the standard is given in this report beginning on page 10. The list contains the names of 407 institutions.

The advance which hospitals have made during these years is indicated by the following figures: Two years ago, 89 out of these 697 hospitals fulfilled the minimum standard; one year ago 198 out of the 697 met the standard; at the present time 407 of the group meet the standard.

During the past year about 300 of the 965 general hospitals having from 50 to 100 beds were personally inspected by staff members of the College. No report of the findings among these hospitals is made at this time, as this work is still incomplete.

The three surveys made by the College were accomplished by means of personal visits to the hospitals by staff members of the College. These men, all graduates in medicine, went to the hospitals not as unwelcome visitors but rather as engineers, discovering first what the shortcomings of the institutions were in relation to the minimum standard and then indicating how such shortcomings might best be overcome. The council meetings held at the various hospitals by these inspectors proved to be an important element in the success of the work.

#### THE MINIMUM STANDARD

1. That physicians and surgeons privileged to practice in the hospital be organized as a definite group or staff. Such organization has nothing to do with the question as to whether the hospital is "open" or "closed," nor need it affect the various existing types of staff organization. The word *staff* is here defined as the group of doctors who practice in the hospital inclusive of all groups such as the "regular staff," the "visiting staff," and the "associate staff."

2. That membership upon the staff be restricted to physicians and surgeons who are (a) competent in their respective fields and (b) worthy in character and in matters of professional ethics; that in this latter connection the practice of the division of fees, under any guise whatever, be prohibited.

3. That the staff initiate and, with the approval of the governing board of the hospital, adopt rules, regulations, and policies governing the professional work of the hospital; that these rules, regulations, and policies specifically provide:

(a) That staff meetings be held at least once each month. (In large hospitals the departments may choose to meet separately).

(b) That the staff review and analyze at regular intervals the clinical experience of the staff in the various departments of the hospital, such as medicine, surgery, and obstetrics; the clinical records of patients, free and pay, to be the basis for such review and analyses.

4. That accurate and complete case records be written for all patients and filed in the hospital, a complete case record being one, except in an emergency, which includes the personal history; the physical examination, with clinical, pathological, and X-ray findings when indicated; the working diagnosis; the treatment, medical and surgical; the medical progress, the condition on discharge with final diagnosis; and, in case of death, the autopsy findings when available.

5. That clinical laboratory facilities be available for the study, diagnosis, and treatment of patients, these facilities to include at least chemical, bacteriological, serological, histological, radiographic, and fluoroscopic service in charge of trained technicians.



## THE DIVISION OF FEES

The division of fees, or fee-splitting, is the buying and selling of patients. The practice exists in various forms, but the most usual form is as follows: A general practitioner makes a diagnosis in which surgical interference is indicated. He then refers the patient to a surgeon for operation. The surgeon operates, collects a fee, and sends to the physician one-third or one-half of the fee, this last transaction being unknown to the patient. Sometimes the physician collects the fee "for the surgeon" and retains his percentage as agreed with the surgeon.

Sometimes the fee is divided with the explanation to the patient that the physician "assists the surgeons" or gives the anæsthetic. In many such instances the explanation is a subterfuge for fee-splitting. A competent surgeon usually has a regular assistant and an anæsthetist with whom he is accustomed to work, and is more able in this way to do good work than if he permits each referring doctor to assist him.

Undoubtedly the physician should be paid for the study and diagnosis of a surgical case. But he should be paid directly for this service by the patient. In the same way the surgeon should be paid directly by the patient. The surgeon can frequently be of service to the physician and to the patient by explaining to the patient the value of the study and diagnosis made by the physician. But the accounts of the physician and of the surgeon should not be confused or rendered to the patient as a single statement.

The evils of fee-splitting are, first, that it makes for incompetent surgery. The surgeon who is party to the practice gets his cases usually not upon the basis of merit, but upon the basis of the percentage of fees collected that he will give to the practitioners. The more incompetent he is, as a rule, the larger a percentage of the fees he gives to his co-fee-splitters.

Second, fee-splitting makes for unnecessary surgical operations. Under the fee-splitting system surgery becomes a commercial enterprise and not a professional service. Both the physician and the surgeon tend to make surgical diagnoses without adequate study,

and the result is unnecessary surgery. Much of the unnecessary surgery of our present day is due directly to fee-splitting.

Third, fee-splitting, by introducing dishonesty into medical practice, lowers the entire medical profession in the estimate of the public. The fee-splitter, for example, says to his patient that he refers him to a most competent surgeon, when he knows well enough that if he, the physician, were to be operated upon, he would select another surgeon. Further, the fee-splitter usually poses before his patient as having received little or no fee for his services when, as a matter of fact, he has received a large fee indirectly from the patient. He holds such a fee really as a theft.

The great majority of physicians and surgeons are eager to put an end to all fee-splitting. They ask hospital trustees to help them in this matter by excluding fee-splitters from the privileges of practice in hospitals.

## OUTSIDE OPINIONS

The extent to which hospitals have given whole-hearted co-operation to hospital standardization is indicated by the "approved list." A large majority of the institutions not upon that list at the present time will doubtless be included in the list within a year or two.

Some expression of outside opinions of the work may here be of interest. The medical superintendent\* of one of the leading hospitals of the continent recently said, after years of practical administration of the standard: "The minimum standard is not, perhaps, so simple as it looks. But certainly it does not impose too great a burden of effort upon the doctor or upon the hospital. It calls for no undue expenditure of money. It is not impertinent, for it is based upon the sound principles of practice which the profession long ago accepted. It forces a constructive and co-operative scrutiny over all medical work in the hospital, unnecessary surgery, incompetent surgery, lax and lazy medical service, and all commercialism in medicine go down before it.

"The minimum standard is not a theory.

\*Dr. M. T. McEachern, Vancouver General Hospital.



Wherever it is tried with sincerity, it succeeds. One result of it, too, is that it swiftly submerges personal prejudices among doctors and unites them under those bonds which have always made the profession great."

Again, the World's Work last spring assigned to an investigator the task of making a report upon the effect of the minimum standard among hospitals. This report was published in the magazine for June, 1920. With regard to the minimum standard the writer, Mr. Hawthorne Daniel, says in part:

"The statement is simplicity itself, and yet, with all of its simplicity it contains just the suggestions that go to make good hospitals of mediocre ones; just the suggestions that lead to the conservation of lives and the elimination of unnecessary operations; just the suggestions that bring about the conscientious care that every patient in every hospital has a right to expect.

"From coast to coast the idea is changing the conditions in hospitals. Everywhere there is the ferment of development, the activity of improvement. . . . The world of the hospital is changing. An advance normally to be expected in twenty years has come in three. For this opinion I am indebted to President Henry S. Pritchett of the Carnegie Foundation.

"The medical profession generally is to be congratulated upon the progressive work being accomplished by its many prominent members who are Fellows of the American College of Surgeons. In its membership the College includes the best men in the field, and there are few prominent surgeons in the country who are not on its roll.

"The medical profession is largely made up of men who are practical idealists. Sometimes, under the forces of circumstances, some

of them may not have held entirely true to their own ideals, but it seems difficult to believe that many of them have ever allowed their ideals completely to lose control. And with the program of the College to supplement their own beliefs they are throwing aside those methods that are open in the least to criticism, and of their own volition have renewed and increased their efforts to bring about the reforms in which they always have believed.

"It is with this elusive force that the College has worked with such success. With the ideals of the profession visualized and with practical plans made to insure their application, the country may confidently look forward to a new era that is already partly here; when the hospitals of America will be satisfactory for service, from which selfish interest and careless methods have been abolished, and to which the country may look for considerate and efficient treatment, confidently expecting and receiving the utmost that the medical profession is capable of giving."

#### THE DATA COLLECTED

The work of the hospital visitors of the College is to collect exact information as to the extent to which each hospital visited fulfills the minimum standard. The visitor's card as shown on the following page indicates the manner in which the data are recorded. On the face of the card the visitor reports concerning staff meetings, case records, and laboratory service; on the reverse side of the card concerning number of deaths, autopsies, and the extent to which the clinical histories in relation to autopsy findings are reported to the staff. General notes and the names and positions of persons interviewed by the visitor are also recorded.



File No.....

AMERICAN COLLEGE OF SURGEONS  
CHICAGO

Date.....

Visitor.....

Hospital.....Capacity.....Internes.....

Address.....Type.....Grad. nurses.....

Superintendent.....Affiliation.....Pupil nurses.....

I. STAFF ORGANIZATION

1. Does staff meet at regular intervals?.....
2. If so, how often?.....
3. Does staff consider character of  
work relative to right care of patients?.....
4. Is the division of fees officially prohibited?.....

II. CASE RECORDS

III. CLINICAL LABORATORIES

	FREE	PAY	PRIVATE		IN HOSPITAL	OUT OF HOSPITAL
Personal History .....				Chemical .....		
Physical Examination .....				Bacteriological .....		
Working Diagnosis .....				Serological .....		
Laboratory Findings .....				Histological .....		
Treatment or Operation .....				Radiographic .....		
Progress Notes .....				Fluoroscopic .....		
Final Diagnosis .....				Head Lab. Technician: Trained ..Full-Time ..Part-Time ..		
Condition on Discharge .....				X-Ray Lab. Technician: Trained ..Full-Time ..Part-Time ..		
Notes .....				Records kept in lab.: Pathological .....		X-Ray .....
.....				Notes .....		
.....						
.....						

(Reverse side of card)

IV. AUTOPSIES

1. No. of deaths in last year.....No. of autopsies.....
2. Does pathologist meet with staff to review  
clinical history in relation to autopsy findings?.....
- Notes.....

V. GENERAL NOTES

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VI. PERSONS INTERVIEWED AND THEIR POSITION

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.....



## for month ending.....

<b>DISCHARGED</b>						<b>CAUSES OF DEATH</b>					
Cured.....											
Improved.....											
Relieved.....											
Unimproved.....											
To return for secondary operation.....											
Admitted for diagnosis only.....											
Deaths within 48 hours.....											
Deaths institutional (after 48 hours).....											
Released.....											
Labor.....											
Newborn.....											
<b>Total discharged</b>											
<hr/>											
<b>DIAGNOSES</b>											
Provisional and final agree.....											
Provisional and final disagree.....											
Discharged with additional diagnosis.....											
Discharged with no diagnosis made.....											
Labor.....											
Newborn.....											
<b>Total discharged</b>						<b>Total deaths</b>					
<hr/>											
<b>INFECTIONS</b>						<b>UNIMPROVED</b>					
Institutional											
On Admission											
Medical.....											
Surgical.....											
Obstetrical.....											
<b>Total infections</b>											
<hr/>											
<b>CONSULTATIONS</b>											
Asked and obtained.....											
Asked, not obtained.....											
Indicated, not asked.....											
<hr/>											
<b>DEATHS</b>			<b>AUTOPSIES</b>								
Medical.....			Medical.....								
Surgical.....			Surgical.....								
Obstetrical.....			Obstetrical.....								
Newborn.....			Newborn.....								
Stillborn.....			Stillborn.....								
<b>Total deaths</b>			<b>Total autopsies</b>			<b>Total unimproved</b>					



# LIST OF APPROVED HOSPITALS, CAPACITY OF 100 OR MORE BEDS

Those marked \* were deficient in one or more details at the time of inspection but later reported complete fulfillment of Standard

## UNITED STATES

### ALABAMA

- Employees Hospital, T. C. I. & R. R. Co., Birmingham
- \*Hillman Hospital, Birmingham
- \*South Highlands Infirmary, Birmingham

### ARKANSAS

- \*Logan H. Roots Memorial Hospital, Little Rock
- \*St. Louis Southwestern Hospital, Texarkana
- \*St. Vincent's Hospital, Little Rock

### CALIFORNIA

- Alameda County Hospital, San Leandro
- Lane Hospital, San Francisco
- Los Angeles County Hospital, Los Angeles
- \*Mary's Help Hospital, San Francisco
- \*Mount Zion Hospital, San Francisco
- \*O'Connor Sanitarium, San Jose
- \*Pasadena Hospital, Pasadena
- \*St. Francis Hospital, San Francisco
- \*St. Mary's Hospital, San Francisco
- St. Vincent's Hospital, Los Angeles
- \*San Diego County Hospital, San Diego
- San Francisco Hospital, San Francisco
- \*San Joaquin County Hospital, French Camp
- \*Santa Clara County Hospital, San Jose
- University of California Hospital, San Francisco

### COLORADO

- \*City and County Hospital, Denver
- Minnequa Hospital, Pueblo
- \*St. Anthony's Hospital, Denver

### CONNECTICUT

- \*Bridgeport Hospital, Bridgeport
- Grace Hospital, New Haven
- Greenwich General Hospital, Greenwich
- \*Hartford Hospital, Hartford
- New Haven Hospital, New Haven
- St. Francis Hospital, Hartford
- \*St. Mary's Hospital, Waterbury
- Waterbury Hospital, Waterbury

### DISTRICT OF COLUMBIA

- \*Central Dispensary and Emergency Hospital, Washington
- \*Garfield Memorial Hospital, Washington
- \*George Washington University Hospital, Washington
- \*Washington Sanitarium, Washington

### GEORGIA

- \*Grady Memorial Hospital, Atlanta
- \*University Hospital, Augusta

### IDAHO

- \*St. Alphonsus Hospital, Boise

### ILLINOIS

- \*American Hospital, Chicago
- Augustana Hospital, Chicago
- Chicago Lying-in Hospital, Chicago
- Children's Memorial Hospital, Chicago
- Cook County Hospital, Chicago
- Evanston Hospital, Evanston
- \*Frances E. Willard Hospital, Chicago
- \*Grant Hospital, Chicago
- Hahnemann Hospital, Chicago
- \*Illinois Central Hospital, Chicago
- Mercy Hospital, Chicago
- Michael Reese Hospital, Chicago
- Presbyterian Hospital, Chicago
- St. Anne's Hospital, Chicago
- \*St. Bernard's Hospital, Chicago
- \*St. Elizabeth's Hospital, Chicago
- \*St. Elizabeth's Hospital, Danville
- St. Joseph's Hospital, Chicago
- St. Luke's Hospital, Chicago
- St. Mary of Nazareth Hospital, Chicago
- \*South Shore Hospital, Chicago
- Wesley Memorial Hospital, Chicago

### INDIANA

- \*Methodist Episcopal Hospital, Indianapolis
- Robert W. Long Hospital, Indianapolis
- \*St. Anthony's Hospital, Terre Haute
- St. Elizabeth's Hospital, La Fayette
- St. Joseph's Hospital, Fort Wayne
- \*St. Joseph's Hospital, Mishawaka
- \*St. Margaret's Hospital, Hammond
- \*St. Mary's Hospital, Evansville
- St. Vincent's Hospital, Indianapolis

### IOWA

- \*Iowa Lutheran Hospital, Des Moines
- \*Mercy Hospital, Council Bluffs
- \*Mercy Hospital, Davenport
- \*St. Joseph's Mercy Hospital, Dubuque
- St. Joseph's Mercy Hospital, Sioux City
- University Hospital, Iowa City

### KANSAS

- \*St. Francis Hospital, Wichita
- St. Margaret's Hospital, Kansas City

### KENTUCKY

- \*Good Samaritan Hospital, Lexington
- \*Norton Memorial Hospital, Louisville
- Louisville City Hospital, Louisville
- \*St. Anthony's Hospital, Louisville
- \*St. Elizabeth's Hospital, Covington
- \*St. Joseph's Infirmary, Louisville
- \*SS. Mary and Elizabeth Hospital, Louisville













# HOSPITAL STANDARDIZATION

11

## LOUISIANA

- \*Charity Hospital, New Orleans
- \*Charity Hospital, Shreveport
- \*Hotel Dieu Hospital, New Orleans
- \*Presbyterian Hospital, New Orleans
- \*St. Francis Sanitarium, Monroe
- \*T. E. Schumpert Memorial Sanitarium, Shreveport
- \*Touro Infirmary, New Orleans

## MAINE

- \*Eastern Maine General Hospital, Bangor

## MARYLAND

- Bay View Hospital, Baltimore
- Franklin Square Hospital, Baltimore
- Hebrew Hospital and Asylum, Baltimore
- Johns Hopkins Hospital, Baltimore
- Maryland General Hospital, Baltimore
- \*Mercy Hospital, Baltimore
- St. Agnes Hospital, Baltimore
- St. Joseph's Hospital, Baltimore
- University Hospital, Baltimore

## MASSACHUSETTS

- Boston City Hospital, Boston
- \*Carney Hospital, Boston
- Children's Hospital, Boston
- City Hospital, Fall River
- \*Holyoke City Hospital, Holyoke
- \*Lawrence General Hospital, Lawrence
- Lowell Corporation Hospital, Lowell
- Lowell General Hospital, Lowell
- Massachusetts General Hospital, Boston
- Massachusetts Homeopathic Hospital, Boston
- Memorial Hospital, Worcester
- \*New England Hospital for Women and Children, Boston
- Peter Bent Brigham Hospital, Boston
- St. Elizabeth's Hospital, Boston
- \*St. Vincent's Hospital, Worcester
- Springfield Hospital, Springfield
- Union Hospital, Fall River
- \*Worcester City Hospital, Worcester

## MICHIGAN

- Battle Creek Sanitarium, Battle Creek
- \*Blodgett Memorial Hospital, Grand Rapids
- \*Butterworth Hospital, Grand Rapids
- \*Children's Free Hospital, Detroit
- \*Detroit Receiving Hospital, Detroit
- Grace Hospital, Detroit
- Harper Hospital, Detroit
- \*House of Providence, Detroit
- St. Joseph's Hospital, Ann Arbor
- \*St. Mary's Hospital, Detroit
- \*St. Mary's Hospital, Grand Rapids
- University Hospital, Ann Arbor
- University of Michigan Homeopathic Hospital, Ann Arbor
- \*Women's Hospital and Infants' Home, Detroit

## MINNESOTA

- \*Asbury Methodist Deaconess Hospital, Minneapolis
- \*Bethesda Hospital, St. Paul
- City and County Hospital, St. Paul
- Colonial Hospital, Rochester
- \*Fairview Hospital, Minneapolis
- Minneapolis City Hospital, Minneapolis
- \*Mounds Park Sanitarium, St. Paul
- \*Norwegian Lutheran Deaconess Hospital, Minneapolis
- \*St. Joseph's Hospital, St. Paul
- \*St. Luke's Hospital, St. Paul

## MINNESOTA—Cont'd.

- St. Mary's Hospital, Duluth
- St. Mary's Hospital, Minneapolis
- St. Mary's Hospital, Rochester
- Swedish Hospital, Minneapolis
- University of Minnesota Hospital, Minneapolis
- Worrell Hospital, Rochester

## MISSISSIPPI

- \*Matty Hersee Hospital, Meridian

## MISSOURI

- \*Alexian Brothers Hospital, St. Louis
- Barnes Hospital, St. Louis
- \*Children's Hospital, Kansas City
- \*Christian Church Hospital, Kansas City
- \*Jewish Hospital, St. Louis
- Kansas City General Hospital, Kansas City
- Research Hospital, Kansas City
- \*St. Anthony's Hospital, St. Louis
- \*St. John's Hospital, St. Louis
- St. Joseph's Hospital, Kansas City
- St. Louis Children's Hospital, St. Louis
- St. Louis City Hospital, St. Louis
- \*St. Luke's Hospital, St. Louis
- St. Mary's Hospital, St. Louis
- St. Mary's Hospital, Kansas City
- \*Wesley Hospital, Kansas City

## MONTANA

- \*Columbus Hospital, Great Falls
- Murray Hospital, Butte
- \*St. Patrick's Hospital, Missoula

## NEBRASKA

- St. Elizabeth's Hospital, Lincoln
- \*St. Francis Hospital, Grand Island
- St. Joseph's Hospital, Omaha
- \*St. Mary's Hospital, Columbus
- University of Nebraska Hospital, Omaha

## NEW JERSEY

- \*Alexian Brothers Hospital, Elizabeth
- \*All Souls Hospital, Morristown
- \*Bayonne Hospital and Dispensary, Bayonne
- Christ Hospital, Jersey City
- \*Cooper Hospital, Camden
- Elizabeth General Hospital and Dispensary, Elizabeth
- \*Hackensack Hospital, Hackensack
- Jersey City Hospital, Jersey City
- Mercer Hospital, Trenton
- Morristown Memorial Hospital, Morristown
- \*Mountainside Hospital, Montclair
- \*Muhlenburg Hospital, Plainfield
- Newark City Hospital, Newark
- Newark Memorial Hospital, Newark
- \*Orange Memorial Hospital, Orange
- Passaic General Hospital, Passaic
- Paterson General Hospital, Paterson
- St. Elizabeth's Hospital, Elizabeth
- \*St. Francis Hospital, Trenton

## NEW YORK

- \*Albany Hospital, Albany
- Bellevue Hospital, New York
- Beth Israel Hospital, New York
- \*Binghamton City Hospital, Binghamton
- Brooklyn Hospital, Brooklyn
- \*Buffalo City Hospital, Buffalo
- \*Buffalo General Hospital, Buffalo
- \*Buffalo Homeopathic Hospital, Buffalo



## NEW YORK—Cont'd.

- \*Bushwick Hospital, Brooklyn
- \*Children's Hospital, Buffalo
- Coney Island Hospital, Brooklyn
- Cumberland Street Hospital, Brooklyn
- \*Community Hospital, New York
- \*Ellis Hospital, Schenectady
- \*Flushing Hospital and Dispensary, Flushing
- \*French Benevolent Society Hospital, New York
- \*Fordham Hospital, New York
- Gouverneur Hospital, New York
- Greenpoint Hospital, Brooklyn
- Hahnemann Hospital of the City of New York, New York
- Hahnemann Hospital, Rochester
- Harlem Hospital, New York
- \*Holy Family Hospital, Brooklyn
- \*Homeopathic Hospital, Albany
- Jewish Hospital, Brooklyn
- Kings County Hospital, Brooklyn
- \*Lebanon Hospital, New York
- \*Lincoln Home and Hospital, New York
- Long Island College Hospital, Brooklyn
- \*Memorial Hospital, New York
- \*Methodist Episcopal Hospital, Brooklyn
- Metropolitan Hospital, New York
- \*Mt. St. Mary's Hospital, Niagara Falls
- Mt. Sinai Hospital, New York
- New York City Hospital, Blackwell's Island, New York
- \*New York Hospital, New York
- New York Orthopedic Dispensary and Hospital, New York
- New York Post-Graduate Medical School and Hospital, New York
- New York Skin and Cancer Hospital, New York
- \*New York Society for the Relief of Ruptured and Crippled, New York
- \*Niagara Falls Memorial Hospital, Niagara Falls
- \*Norwegian Lutheran Deaconess Home and Hospital, Brooklyn
- Presbyterian Hospital, New York
- \*Rochester General Hospital, Rochester
- Rochester Homeopathic Hospital, Rochester
- \*Roosevelt Hospital, New York
- St. Catherine's Hospital, Brooklyn
- \*St. John's Brooklyn Hospital, Brooklyn
- \*St. John's Hospital, Long Island
- St. Luke's Hospital, New York
- \*St. Mark's Hospital, New York
- \*St. Mary's Free Hospital for Children, New York
- St. Mary's Hospital, Brooklyn
- St. Vincent's Hospital, New York
- Samaritan Hospital, Troy
- Sloane Hospital for Women, New York
- \*Staten Island Hospital, Tompkinsville
- \*Troy Hospital, Troy
- Woman's Hospital, New York

## NORTH CAROLINA

- \*Watts Hospital, West Durham

## NORTH DAKOTA

- Bismarck Evangelical Hospital, Bismarck
- St. John's Hospital, Fargo

## OHIO

- \*Christ Hospital, Cincinnati
- Cincinnati General Hospital, Cincinnati
- \*City Hospital, Akron
- \*Cleveland City Hospital, Cleveland
- Good Samaritan Hospital, Cincinnati

## OHIO—Cont'd.

- \*Good Samaritan Hospital, Zanesville
- \*Hawkes Hospital of Mount Carmel, Columbus
- \*Jewish Hospital, Cincinnati
- Lakeside Hospital, Cleveland
- \*Lucas County Hospital, Toledo
- \*Miami Valley Hospital, Dayton
- \*Mercy Hospital, Hamilton
- Mt. Sinai Hospital, Cleveland
- \*People's Hospital, Akron
- \*St. Alexis Hospital, Cleveland
- \*St. Elizabeth's Hospital, Dayton
- \*St. Elizabeth's Hospital, Youngstown
- \*St. John's Hospital, Cleveland
- \*St. Luke's Hospital, Cleveland
- \*St. Rita's Hospital, Lima
- St. Vincent's Hospital, Cleveland
- St. Vincent's Hospital, Toledo
- \*Springfield City Hospital, Springfield
- Toledo Hospital, Toledo
- \*Youngstown Hospital, Youngstown

## OKLAHOMA

- St. Anthony's Hospital, Oklahoma City
- \*State University Hospital, Oklahoma City

## OREGON

- St. Vincent's Hospital, Portland

## PENNSYLVANIA

Data concerning hospitals in Pennsylvania were obtained in co-operation with the Pennsylvania Bureau of Medical Education and Licensure

- Allegheny General Hospital, Pittsburgh
- Allentown Hospital, Allentown
- Altoona Hospital, Altoona
- Columbia Hospital, Pittsburgh
- Conemaugh Valley Memorial Hospital, Johnstown
- Easton Hospital, Easton
- Hahnemann Medical College Hospital, Philadelphia
- Harrisburg Hospital, Harrisburg
- Hospital of the Protestant Episcopal Church, Philadelphia
- Hospital of the University of Pennsylvania, Philadelphia
- Hospital of the Women's Homeopathic Association of Pennsylvania, Philadelphia
- Hospital of the Women's Medical College, Philadelphia
- Jefferson Medical College Hospital, Philadelphia
- Jewish Hospital, Philadelphia
- Lancaster General Hospital, Lancaster
- Lankenau Hospital, Philadelphia
- McKeesport Hospital, McKeesport
- Medico-Chirurgical Hospital, Philadelphia
- Mercy Hospital, Pittsburgh
- Mercy Hospital, Wilkes-Barre
- Methodist Episcopal Hospital, Philadelphia
- Misericordia Hospital, Philadelphia
- Moses Taylor Hospital, Scranton
- Passavant Hospital, Pittsburgh
- Pennsylvania Hospital, Philadelphia
- Philadelphia General Hospital, Philadelphia
- Philadelphia Orthopedic Hospital, Philadelphia
- Philadelphia Polyclinic Hospital, Philadelphia
- Pittsburgh Hospital, Pittsburgh
- Presbyterian Hospital, Philadelphia
- Presbyterian Hospital, Pittsburgh
- Robert Packer Hospital, Sayre
- Sacred Heart Hospital, Allentown
- St. Francis Hospital, Pittsburgh
- St. John's General Hospital, Pittsburgh
- St. Joseph's Hospital, Philadelphia
- St. Joseph's Hospital and Dispensary, Pittsburgh

## PENNSYLVANIA—Cont'd.

St. Luke's Hospital, South Bethlehem  
 St. Margaret's Hospital, Pittsburgh  
 St. Mary's Hospital, Philadelphia  
 St. Timothy's Hospital, Philadelphia  
 St. Vincent's Hospital, Erie  
 South Side Hospital, Pittsburgh  
 State Hospital of Middle Coal Fields, Hazleton  
 Western Pennsylvania Hospital, Pittsburgh  
 Wilkes-Barre City Hospital, Wilkes-Barre  
 Wills Eye Hospital, Philadelphia  
 Women's Hospital, Philadelphia

## RHODE ISLAND

Rhode Island Hospital, Providence

## SOUTH CAROLINA

\*Chick Springs Sanitarium, Chick Springs  
 \*Florence Infirmary, Florence  
 Roper Hospital, Charleston

## SOUTH DAKOTA

\*St. Luke's Hospital, Aberdeen

## TENNESSEE

\*Erlanger Hospital, Chattanooga  
 \*Nashville City Hospital, Nashville  
 \*St. Joseph's Hospital, Memphis  
 \*St. Thomas Hospital, Nashville

## TEXAS

\*Baptist Sanitarium, Houston  
 John Sealy Hospital, Galveston  
 \*Parkland Hospital, Dallas  
 \*Providence Sanitarium, Waco  
 \*St. Joseph's Infirmary, Fort Worth  
 \*St. Joseph's Infirmary, Houston  
 \*St. Mary's Infirmary, Galveston  
 \*St. Paul's Sanitarium, Dallas  
 \*Santa Rosa Hospital, San Antonio  
 Temple Sanitarium, Temple  
 Texas Baptist Memorial Sanitarium, Dallas

## UTAH

\*Doctor W. H. Groves Latter Day Saints Hospital, Salt Lake City  
 \*Holy Cross Hospital, Salt Lake City

## VERMONT

\*Mary Fletcher Hospital, Burlington

## VIRGINIA

\*Hospital Division of the Medical College of Virginia, Richmond  
 \*St. Vincent's Hospital, Norfolk  
 \*University of Virginia Hospital, Charlottesville  
 \*Virginia Hospital, Richmond

## WASHINGTON

Children's Orthopedic Hospital, Seattle  
 Providence Hospital, Seattle  
 St. Elizabeth's Hospital, North Yakima  
 St. Joseph's Hospital, Tacoma  
 \*St. Luke's Hospital, Spokane

## WASHINGTON—Cont'd.

\*Seattle City Hospital, Seattle  
 Seattle General Hospital, Seattle

## WEST VIRGINIA

\*Kessler-Hatfield Hospital, Huntington  
 \*Ohio Valley General Hospital, Wheeling  
 \*St. Mary's Hospital, Clarksburg  
 \*Sheltering Arms Hospital, Hansford  
 \*Wheeling Hospital, Wheeling

## WISCONSIN

\*La Crosse Lutheran Hospital, La Crosse  
 Luther Hospital, Eau Claire  
 \*Madison General Hospital, Madison  
 Milwaukee County Hospital, Milwaukee  
 \*Milwaukee Hospital, Milwaukee  
 \*Mt. Sinai Hospital, Milwaukee  
 Sacred Heart Hospital, Eau Claire  
 St. Agnes Hospital, Fond du Lac  
 St. Francis Hospital, La Crosse  
 St. Joseph's Hospital, Marshfield  
 St. Joseph's Hospital, Milwaukee  
 \*St. Mary's Hospital, Green Bay  
 Trinity Hospital, Milwaukee

## WYOMING

Wheatland Hospital, Wheatland

## CANADA

## ALBERTA

Calgary General Hospital, Calgary  
 Holy Cross General Hospital, Calgary

## BRITISH COLUMBIA

Provincial Royal Jubilee Hospital, Victoria  
 \*Royal Columbia Hospital, New Westminster  
 St. Joseph's Hospital, Victoria  
 St. Paul's Hospital, Vancouver  
 Vancouver General Hospital, Vancouver

## MANITOBA

Children's Hospital, Winnipeg  
 St. Boniface Hospital, St. Boniface  
 Winnipeg General Hospital, Winnipeg

## NOVA SCOTIA

Victoria General Hospital, Halifax

## ONTARIO

Hospital for Sick Children, Toronto  
 Kingston General Hospital, Kingston  
 \*St. Michael's Hospital, Toronto

## QUEBEC

Children's Memorial Hospital, Montreal  
 \*Hotel Dieu, Montreal  
 \*Jeffrey Hales Hospital, Quebec  
 Montreal General Hospital, Montreal  
 \*Notre Dame Hospital, Montreal  
 Royal Victoria Hospital, Montreal

## SASKATCHEWAN

\*Grey Nuns' Hospital, Regina  
 Regina General Hospital, Regina





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